

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1179

145

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		37 d 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Provident</u>				d. STREET ADDRESS (If rural, give location) <u>3209 Victor</u> 2300			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Johnson</u> c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 6, 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 8, 1919</u>	
9. AGE (In years last birthday) <u>31</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hodcarrier-Veteran's Adm. Hosp.</u>		11. BIRTHPLACE (State or foreign country) <u>Coffeyville, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Cicero Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Saunders</u>		14. NAME OF HUSBAND OR WIFE <u>Hercules Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>614-10-1158</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cicero Johnson</u> ADDRESS <u>Coffeyville, Kans</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism, massive, main rt. and left pulmonary arteries</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Phlebotrombosis? - rt. iliac vein.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>healed 3rd degree burns right leg</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>1 1/2 hr</u> <u>46 days</u>	
19a. DATE OF OPERATION <u>12/16/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>2nd degree burns rt leg, 180 sq in</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Bldg. construction</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 21 50 6m</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Kerosene stove burned him</u>			
22. I hereby certify that I attended the deceased from <u>11/21</u> , 19 <u>50</u> , to <u>1/6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/5</u> , 19 <u>51</u> , and that death occurred at <u>4:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Leo H. Pollock</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1310 Bryant Bldg</u>		23c. DATE SIGNED <u>1/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Coffeyville, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>1-11-51</u>		REGISTRAR'S SIGNATURE <u>Elsalaine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros.</u> ADDRESS <u>1729 Lydia</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3994

P. O. Address. 2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.